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**REGISTERED PATENT AGENT
OUR FILE NO.

TRNSV-013BC2

FACSIMILE COVER SHEET

Date: February 24, 2004

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Facsimile: 703-872-9306

Re: U.S. Patent Application No. 09/994,222
Applicant: Makower, et al.
Title: Method and Apparatus for Transmyocardial Direct Coronary Revascularization

From: Robert D. Buyan

Total Number of Pages: 12 (including this form). Please notify us immediately if you have not received all pages.

Message:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence for Serial No.09/994,222 is being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 at (703) 872-9306 on February 24, 2004.

Name of person sending facsimile: Francine Sanders, Assistant to Robert D. Buyan

Signature: 

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FEB 24 2004

OFFICIAL

Attorney Docket No.: TRNSV-013BC2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Makower, et al.)
Application No. 09/994,222)
Filed: November 26, 2001)
For: Method and Apparatus for)
Transmyocardial Direct Coronary)
Revascularization)

Art Unit: 3738

Examiner: Isabella, D.

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FEB 24 2004

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Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmittal Letter

Dear Sir:

- ☐ In accordance with Rule 136, the Commissioner is hereby petitioned for a ____ () month extension of time, extending to ____, 2004 the period for response to the Office action dated November 24, 2003. Check No. ____ for \$0.00 is enclosed.
- ☐ Enclosed is a certified copy of Serial No. _____ from which priority is claimed in the subject case pursuant to 37 CFR § 1.55b and 35 U.S.C. § 119.
- ☐ Enclosed is an Assignment of the invention to [Assignee], including a cover sheet and Check No. [Assignment Check No.] for \$40.
- ☐ A Declaration of Inventorship and Limited Power of Attorney is enclosed.
- ☐ A Certificate of Ownership and Power of Attorney is enclosed.
- ☒ Enclosed herewith is a amendment/response for filing in relation to the above-identified application. Entry and consideration of this amendment/response is requested.

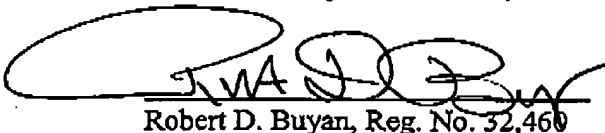
- ☐ Check No.---- is enclosed covering the additional filing fees in the amount of \$0.00, with the fees calculated as follows:

	(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	Small Entity Additional Rate Fee	Other than a Small Entity Additional Rate Fee
Total claims	6	- 82 =	0	x 9 \$	Or x 18 \$
Independent claims	1	- 1 =	0	x 42 \$	Or x 84 \$
First presentation of multiple dependent claims				+ 140 \$	Or + 280 \$
				Total \$	Or Total \$

- ☒ The Commissioner is hereby authorized to charge any underpayment and credit any overpayment of the filing fees required under 37 CFR § 1.16 and any patent application processing fees required under 37 § CFR 1.17 to Deposit Account No. 50-0878.

Respectfully submitted,
Stout, Uxa, Buyan & Mullins, LLP

Date: February 24, 2004

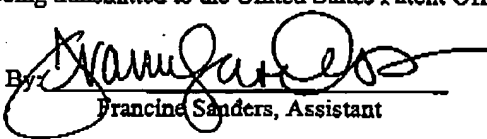

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CERTIFICATE OF FACSIMILE FILING

I hereby certify that this correspondence is being transmitted to the United States Patent Office by facsimile at (703) 872-9306 on February 24, 2004.

Dated: February 24, 2004

By: 
Francine Sanders, Assistant